



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Rhode Island Department of Administration
Human Resources Service Center

DEM - 235 Promenade St, Rm 350, Providence, RI 02908

Phone (401) 222-2774, Fax (401) 222-6174

DOT - Two Capitol Hill, Rm. 214, Providence, RI 02903

Phone (401) 222-2572, Fax (401) 222-2574



APPLICATION FOR AN OFFICIAL LEAVE OF ABSENCE

EMPLOYEE: _____ ACCOUNT #: _____

DIVISION: _____ SECTION: _____

TYPE OF LEAVE BEING REQUESTED: (ENCIRCLE)

A. JURY DUTY LEAVE (SUBPOENA)

(Personnel Rule 5.0651)

B. MILITARY TRAINING LEAVE

(Attach Orders)

C. MILITARY ACTIVE DUTY LEAVE

(Attach Orders)

D. FMLA MATERNITY /PARENTAL OR

FAMILY LEAVE (Personnel Rule 5.0661/RIGL 28-48)

E. FMLA/PERSONAL ILLNESS LEAVE

F. FMLA/WORKERS' COMPENSATION LEAVE

G. OTHER ELIGIBLE LEAVE: _____

REQUESTED DATES OF LEAVE: FROM: ____ / ____ / 2009 TO: ____ / ____ / 2009

I have attached the appropriate documentation as required.

Signature: / _____

Employee

Date ____ / ____ / 2009

Supervisory Review and Acknowledgement

Signature: / _____

Section Chief/Division Administrator

Date ____ / ____ / 2009

Reviewed and Approved ☐ Disapproved: ☐

Appointing Authority /Human Resources Administrator

Date ____ / ____ / 2009

ALL LEAVE REQUESTS MAY BE SUBJECT TO INVESTIGATION AND AUDIT

THE EMPLOYEE MUST PROVIDE THE APPOINTING AUTHORITY WITH A THOROUGH WRITTEN EXPLANATION WITH THIS APPLICATION FOR ANY OF THE ABOVE LISTED LEAVE CATEGORIES IN ADVANCE.

ANY APPLICATION IS TO BE PRESENTED TO THE EMPLOYEE'S SECTION CHIEF/ADMINISTRATOR BEFORE FORWARDING TO THE APPROPRIATE HUMAN RESOURCES OFFICE